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Information Disclosure Statement by Applicant

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Applicant: Rizzoli et al 10/577838

Appln. S.N.:

Filing Date: May 1, 2006

Examiner:

Group Art Unit:

Date: May 1, 2006

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U.S. PATENT/PATENT APPLICATION DOCUMENTS

Examiner's Initials	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
AR	3,768,353	10/1973	Milner			
BR						
CR						
DR						
ER						
FR						
GR						
HR						
IR						
JR						
KR						
LR						
MR						
NR						

FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/Cited Above	N O	English Abstract	Translation Readily Available?
OR	EP14521000A1	09/2004	EPO	Wohltman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PR	DE1258318	01/1968	Germany	Schur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
QR	GB924126	04/1961	Britain	American Machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR	GB1058139	02/1967	Britain	Koerber	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

YR									
ZR									
AAR									
BBR									
CCR									

Examiner: /Phu Nguyen/ Date Considered: 02/10/2009

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